

Initial  Unannounced Full/Partial  Follow-up  Location Change  Investigation  Other \_\_\_\_\_

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kindercare Learning Center Date: 7-6-23 Time: 1

Location Address: 143 Pascone Place, Newington Telephone #: 860-665-0729

e-mail address: newington@kindercare.com License #: 13765 Expiration Date: 1-31-25

Capacity: 113 # of Children Present: 73 # of Staff Present: 16

**Consent to Inspect  
Family Child Care Home**

I agree to allow the Office of Early Childhood to have access to and inspect this facility and all child care records as required by Family Child Care Home Regulations.

Provider/Applicant/Substitute's Signature \_\_\_\_\_

Purpose of visit: 3 month follow up case # 2023-236

Observations/Corrections needed:

NS-19a.79-4a (e)(4)(D) - observed proper supervisors and ratios in all classrooms

S = Substantiated    NS = Not Substantiated    P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: \_\_\_\_\_

Signature: [Signature]

(OEC Representative)  
Print Name: Kerrin Eddy

Signature: [Signature]

(Person in Charge)  
Print Name: Sominelly Mojica